



Section: Third Party Liability

6.5 When Beneficiary Denies Insurance Coverage

If a Medicaid beneficiary tells the provider that his/her insurance policy (recorded in the Medicaid claims payment system) is no longer in effect, that the policy never existed, or that the policy is for something other than medical insurance, the provider should obtain a signed statement from the beneficiary which includes the name of the insurance company, the policy number, and the ending date of coverage. The signed statement should be forwarded to the DOM Bureau of Recovery. Upon receipt of this information, the beneficiary's statement will be researched and, if necessary, the third party resource file will be updated.